

New year: new editors

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With the coming of another new year, the Editorship of *Thorax* is changing and it is with great privilege and considerable awe and trepidation that we are taking over as Editors. Under the editorship of John Britton and Alan Knox, *Thorax* has achieved high standards and increased its impact factor to 4.09. It is currently the most successful European respiratory journal. The readership of *Thorax*, together with the whole respiratory community, owes an enormous debt of gratitude to John and Alan and the previous editorial team for their outstanding achievement.

Thorax was born in March 1946, when the first issue appeared as a quarterly journal edited by J G Scadding and N R Barrett. The first of four issues contained only 19 articles; the topics concerned predominantly thoracic surgery, pathology, and tuberculosis. There was only one article on asthma in that first volume, on the effect of helium therapy in asthma by a youthful Sir Richard Doll.¹ At that time *Thorax* was aimed at the UK respiratory community; over the years it has expanded in the numbers and variety of high quality papers published on both clinical and scientific aspects of respiratory medicine and it now has an increasingly global readership.

As new Editors, our main objective will be to continue to steer *Thorax* to success as an international respiratory journal in an age where there are not only huge and rapid changes in respiratory medicine, but also major advances taking place in publishing and its technology. Our principal aim is to ensure that *Thorax* plays its full part in cutting edge development by promoting the publication of the best clinical and scientific research and guides to clinical practice, so that we further improve the status and current excellent impact factor of *Thorax*. We will achieve this by encouraging submissions of the highest quality research from all over the world on clinical and laboratory studies in respiratory medicine and related subjects such as lung immunology, respiratory infection, surgery, epidemiology, primary care, occupational medicine, oncology, intensive care, and paediatrics. The success of *Thorax* depends very much on the quality of the papers that you all send to us for publication, and we all need to work together in the respiratory community

for *Thorax* to increase in stature. We will accept only the best papers following rigorous peer review on the basis of original content, scientific merit, and importance to respiratory medicine.

The internet has provided many new and profound opportunities in publishing and it is important that *Thorax* keeps at the forefront. Online paper submission and review using the Bench>Press electronic system is now in place and this will allow a faster turn around of papers and a shorter time to decision. Authors will also be able to monitor online the progress of their papers as they progress through the review system. To make scientific developments available early to the global readership, we will also be posting texts of original papers on the *Thorax* website (www.thoraxjnl.com) as soon as they are accepted and before editing by our technical editor. Research studies are also becoming more complex, frequently with many collaborators and larger data sets. Thus authors will now have the availability of an online repository in *Thorax* for extra methodological data, results, and appendices. The online supplement will undergo peer review with the main manuscript and will be posted on the *Thorax* website with the main paper after acceptance. This will allow us to maintain the brevity of printed papers for the reader, yet at the same time allow ready access to more study data for researchers.² We believe that this will be of major value to the scientific community. The future of medical publishing lies in the increased use of the vast, varied, and exciting range of online facilities now available—such as the possibility of posting sound and video clips—and we will be following other journals in making such a facility available.³

Thorax would not have achieved its current status without the invaluable resource of dedicated peer reviewers, as constructive criticism greatly improves the final published paper.⁴ We are very grateful to all those who have generously and loyally given up their time to improve the quality of papers in *Thorax*. We encourage them strongly to continue their work so that we can maintain these high standards. When submitting their papers, authors will be allowed to name up to four peer reviewers, though Editors and Associate Editors will use their discretion on reviewer selection and also

use reviewers that have not been suggested. We feel it is important to maintain reviewers' confidentiality and reviewers' names will not be disclosed to authors, nor will reviewers be aware as to whether or not they have been named by the authors.

We are very keen to encourage *Thorax* to be an active journal and feedback from its readers contributes to the journal's vitality and interest. Before the advent of journals, letters were the main form of scientific communication,⁵ and we want to increase dialogue about papers that we publish. In addition to the formal correspondence columns in the journal, we have available on the website a facility for rapid responses that can allow more interaction between readers and authors. This allows the reader to comment on an article in *Thorax* immediately on reading it by using the website. The authors can then correspond and this dialogue is available to the readership. The *BMJ* has been very successful with rapid responses,⁶ although this has been slow to take off in *Thorax*, perhaps because we have so far had some reservations about commenting in public or defending our research. Rapid responses can have the same effect as the discussion after a presentation at a scientific meeting—providing immediate feedback on the research, providing educational value, allowing identification of new colleagues working in similar research areas—and, of course, they are fun.

At the same time, rapid changes in medicine and science require that we increase the educational value of *Thorax* so that it will inform and provide valued debate to every respiratory specialist in the UK and abroad. Our intention is to publish educational high quality review series on important, developing, and controversial topics. We are aware of the vast numbers of journals available that publish respiratory articles and thus have decided to start a feature called *Lung Alert*. We will print short reviews and alerts of papers with a respiratory interest published recently in other general and specialist journals and will provide links to the main articles available on the website. The first of these short reviews appear in this issue on pages 13, 29, 36, 57, and 72.

In taking over at the helm of *Thorax* we are very keen to increase its international perspective and to encourage submission of high quality original papers from outside the UK and Europe. This aim has been reflected in the choice of the Associate Editors and members of the new International Advisory Board, and we intend to continue this trend in the future. We have also appointed an American and an Asia/Pacific editor. Both these posts have a particular remit to promote *Thorax* internationally, to encourage submission of high quality

papers from these parts of the world, and also to commission reviews from international expert opinion. The increasing importance and development of the web-site has led to the appointment of expert web editors from the younger respiratory community and they will also be responsible for our new *Lung Alert* feature.

On the administrative side, we feel that it is time now for the *Thorax* Editorial Office to have a permanent home which we are pleased to announce will be adjacent to the offices of the British Thoracic Society (BTS) in London. As our submission and peer review system is now entirely online, there is less need for the *Thorax* office to follow the Editors geographically and a permanent base will allow us to employ permanent editorial staff to ensure the future

continuity of the journal. We are very grateful to our co-owners, the BTS and BMJ Publishing Group, for the guidance and support they have given us on taking over the Editorship.

The success of *Thorax* will ultimately depend on the influence that the journal has on the readership. We hope that researchers—both clinical and scientific in all corners of the world—will continue to send us their best and most exciting papers, which we in return will endeavour to process and review as quickly as possible. At the same time we will strive to provide in *Thorax* each month something of interest to all those involved with the care of respiratory patients. Thus, *Thorax* will be able to serve equally both the global research community and practising respiratory clinicians.

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